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## TEST2- Quotation Schedule

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<b>Named Insured:</b>	Peter2 Smith	<b>Insurer Name:</b>	Acme Insurance Co.
<b>Address:</b>		<b>Address:</b>	101 Mission Street, San Francisco,CA
<b>Email:</b>	suraj.kumar@kmg.in.com	<b>Telephone:</b>	+1 415 555 5555
		<b>Website:</b>	www.socotra.com

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**09/26/2023**

<b>Quote Number:</b>	100248538
<b>Product:</b>	Commercial General Liability
<b>Transaction:</b>	Quotation
<b>Period of Insurance:</b>	09/26/2023 to 09/25/2024

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Thank you for requesting a General Liability insurance quote with Acme Insurance Co. Insurance. Enclosed please find the Insurance quotation for your consideration.

The quote is based on the information you provided us with the assistance of your producer. Please review the information carefully.

This quotation is valid for 30 days from the date of the quote or from the start date of the period of insurance shown above, whichever is earlier. By accepting the quote you confirm that the information provided to us is accurate and complete.

Please be aware that this quotation shall become invalid should the prospective insured be our existing Commercial General Liability Client, subject to verification by our Commercial Accounts Department.

By accepting this quotation, you also confirm that our privacy policy has been explained to you and you will be deemed to have consented to XX Insurance using and transferring your data as stated in the personal information collection statement which is also available at the Insurance Website

We look forward to receiving your reply soon.

Yours sincerely,  
Commercial Accounts Department

This is a computer print-out and signature is not required.

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## Policy Details Page Information

Policy Number :	100248538
Policy Term :	09/25/2024 to 09/26/2023
Named Insured & Address :	Peter2 Smith
Nature Of Business: Legal Entity:	
Business Started Date: FEIN - EIN Number:	
Additional Interest : Additional Interest Type: Interest Name:	
Is The Applicant a Subsidiary of another Entity : Parent Company Name: Relationship Description: Percentage Owned:	
Is a safety program in use : Safety Program Type: Any Exposure to flammables, explosives, or chemicals?:	
<b>Preliminary Questions :</b> Have any of the business' directors or employees been convicted of a felony in the past 10 years? : Have any of the business' directors or employees been convicted of activities related to insurance fraud?: Are there any pending claims on the business?: Number of Claims in the past 5 years. : Value of Claims over past 5 years: Policy Type: Retroactive Date :	
Broker Name :	
Policy Premium:	\$5005.08
Taxes/Fees:	\$50.05
Total Policy Premium:	\$5055.13

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### Location and Coverage Details :

Policy Number : 100248538

Location Address : ,,,

Annual Revenue Prior 1 Year :

Annual Revenue Prior 2 Year:

Annual Revenue Prior 3 Year:

Annual Revenue :

Full-Time Employees:

Part-time Employees:

% of subcontract work to total work :

Subcontractors required to carry their own E&O Insurance?:

Commercial Auto Cover Requested? :

VIN No :

Make:

Model:

Vehicle Year :

<b>Bodily Injury :</b> -Indemnity Per Event -Indemnity Per Aggregate	<b>Limit Of Insurance :</b>  100000	<b>Deductible :</b>
<b>Medical Payments :</b> -Indemnity Per Event -Indemnity Per Aggregate	<b>Limit Of Insurance :</b>	<b>Deductible :</b>
<b>Personal Advertising Injury :</b> -Indemnity Per Event -Indemnity Per Aggregate	<b>Limit Of Insurance :</b>	<b>Deductible :</b>
<b>Privacy Data Breach :</b> -Indemnity Per Event -Indemnity Per Aggregate	<b>Limit Of Insurance :</b>	<b>Deductible :</b>
<b>Property Damage :</b> -Indemnity Per Event -Indemnity Per Aggregate	<b>Limit Of Insurance :</b>	<b>Deductible :</b>
<b>Sudden Accidental Pollution :</b> -Indemnity Per Event -Indemnity Per Aggregate	<b>Limit Of Insurance :</b>	<b>Deductible :</b>